

**NASSAU-SUFFOLK
HOSPITAL
COUNCIL, INC.**

1383 Veterans Memorial
Highway, Suite 26
Hauppauge, NY 11788
Phone 631-435-3000
Fax 631-435-2343
www.nshc.org

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- **Good Samaritan
Hospital Medical Center**
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- **St. Catherine of Siena
Medical Center**
Smithtown
- **St. Charles Hospital**
Port Jefferson
- **St. Francis Hospital**
Roslyn
- **St. Joseph Hospital**
Bethpage
- **Mercy Medical Center**
Rockville Centre

East End Health Alliance

- **Eastern Long Island
Hospital**
Greenport
- **Peconic Bay
Medical Center**
Riverhead
- **Southampton Hospital**
Southampton

Long Beach Medical Center
Long Beach

**John T. Mather
Memorial Hospital**
Port Jefferson

**Nassau University
Medical Center**
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North Shore-Long Island

- Jewish Health System**
- **Glen Cove Hospital**
- **North Shore
University Hospital**
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- **Syosset Hospital**
- **Franklin Hospital**
- **Huntington Hospital**
- **Southside Hospital**

**Stony Brook
University Hospital**
Stony Brook

**Veterans Affairs
Medical Center**
Northport

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- **South Nassau
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- **Winthrop-University
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Nassau-Suffolk
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STATE NEWS:

State Team Looks for Medicaid Savings and Improvements

The Medicaid Redesign Team tasked by Governor Cuomo with finding ways to save money and improve efficiencies is making its way around the state. At public hearings, the 27-member team is listening to suggestions from individual citizens to hospital CEOs. It stops at Long Island next Friday, January 28, 2011 at Hofstra University.

The hospital industry has studied the Medicaid program and costs associated with that program for years. Recommendations from that industry include moving the most complex, high-cost Medicaid populations into Medicaid managed care and engaging in a much more aggressive approach to coordinate care among dual-eligibles – those whose incomes qualify them for both Medicare and Medicaid. The state has sponsored several collaboratives and pilot programs designed around better care coordination and medical homes with very positive results and savings.

The hospital industry also notes that the increase in enrollment in Medicaid in recent years saw many low to middle-income New Yorkers qualify for the program, an indication that the demographic of the Medicaid recipient is changing. Many health care analysts also predict a greater strain on state Medicaid programs once insurance

expansion takes full hold in 2014. That is the year the individual insurance mandate authorized by the Affordable Care Act becomes effective. Millions more will qualify for Medicaid at that time.

“The Redesign Team has a mammoth task before them,” said Kevin Dahill, president/CEO of the Nassau-Suffolk Hospital Council. “Once all the ideas and recommendations are heard and then analyzed, the state will have to select the best and determine how much will be saved and how recommendations can be implemented.”

The team must submit its report to the Governor by March 1 with the idea that the group’s recommendations for savings be implemented at the start of the new fiscal year, April 1. Governor Cuomo will provide the team with a target number for savings in his state budget to be unveiled February 2.

New Yorkers are encouraged to submit their ideas on ways to save money and improve efficiencies at the state website: https://apps.nyhealth.gov/health_care/medicaid/redesign/contact_form.action. For more analysis of the issue and to keep track of the team’s progress visit the Healthcare Association of New York State’s site at <http://www.hanys.org/mrt/index.cfm>.

FEDERAL NEWS:

Affordable Care Act Tested

As expected the House of Representatives voted to repeal the Affordable Care Act signed into law almost one year ago by President Obama. The move was seen as mostly a symbolic one to fulfill Republicans’ cam-

paign promise to roll back the law. Political analysts do not expect any further movement on repeal, as the Democrats hold the majority in the Senate and the White House.

Capital Projects at Risk

Unless New York can obtain an extension of the Federal-State Health Reform Partnership (F-SHRP) waiver, some Long Island hospitals could see funding for capital projects already underway pulled. The waiver helps fund Health Care Efficiency and Affordability Law for New Yorkers (HEAL-NY) projects. The waiver expires September 30, 2011.

The hospital industry, Governor’s office, and New York’s congressional delegation are pressing the Obama administration for a three-year extension of F-SHRP. Once the waiver expires the New York State Department of Health will be unable to make payments to contractors using F-SHRP funds after that date. Most HEAL-NY contracts are funded through a mix of state

and F-SHRP funds.

HEAL awards provide necessary financial support to help facilities undertake major projects, including developing new primary care clinics and shifting inpatient beds to outpatient space. HEAL grants are also helping facilities develop health information technology interfaces to help coordinate care for patients with multiple chronic conditions.

The extension would not require additional federal funds, but simply provide the state with authority to use the federal funds already committed under the waiver. Hundreds of reform and restructuring projects would not be completed, if the waiver is left to expire.